

MASTER INTRASERVICE SUPPORT AGREEMENT
FOR CIVILIAN PERSONNEL SERVICES
BETWEEN
U.S. ARMY MEDICAL COMMAND
AND
HQ, USAREUR/7ARMY
CIVILIAN HUMAN RESOURCE MANAGEMENT AGENCY

1. The Commander, United States Army Medical Command (USAMEDCOM), 2050 Worth Road, Fort Sam Houston, Texas 78234-6000, hereinafter called the serviced activity, requests civilian personnel services for USAMEDCOM civilian employees at units and facilities located in Europe with the Europe Regional Medical Command, (ERMC), the U.S. Army Center for Health Promotion and Preventive Medicine, Europe, the European Regional Dental Command, the Veterinary Detachment, Europe and the U.S. Army Medical Material Center, Europe from the Civilian Human Resource Management Agency (CHRMA), hereinafter called the servicing activity.
2. The Commander, serviced activity, has delegated to the Commander, ERMC, the authority to represent the MEDCOM organizations listed above. The Commander, ERMC, having delegated appointing authority, designates the Director, CHRMA, to "act for" him/her in the administration of the Local National (LN) and of the US Appropriated Fund (AF) civilian personnel management program for the civilian employees assigned to the serviced organizations. This authority includes recruitment, (e.g., authority to appoint and to authenticate personnel actions), classification and compensation, training and development, employment, management-employee relations, processing of awards, and other program elements necessary to effectively manage a workforce. The servicing activity will also provide all payroll liaison support for employees assigned to the serviced activity. The Director, CHRMA, may designate other members of his/her staff to "act for" him/her in these areas. This designation does not reduce the authority and responsibility of the Commander, USAMEDCOM, for the effective management and direction of employees under his/her jurisdiction.
3. Administration of the civilian personnel program will be provided in accordance with AR 690-200, Chapter 254, (as clarified in HQ, DA (SAMR-CP), message, 25 July 96, Subject: Interim Guidance on Civilian Personnel Management and Administration under Regionalization); applicable USAREUR Regulations and Procedures consistent with DA and DoD policies and subject to limitations mutually agreed upon by the servicing and serviced activities and delegated personnel management authorities of the U.S. Army Medical Command (as provided in MEDCOM Memorandum, MCPE-C, dated 6 Nov 2000, Subject: Delegation of Pay and Personnel Management Authorities). The serviced activity will exercise any delegations approved for MEDCOM commanders/managers unless they are specifically addressed in paragraph 5 below. USAREUR policies, regulations and business process maps (BPMs) are available on the CHRMA Homepage at <http://www.chrma.hqusareur.army.mil>.
4. Administration of Local National (LN) Workforce. Personnel Services for the LN workforce will be provided in accordance with EUCOM directive 30-6; host nation labor law and appropriate rules and regulations as implemented by the U.S. Forces Joint Civilian Personnel

Committee (JCPC). Any aspects of the local national personnel management programs established and executed in the respective countries, to include recruitment, placement, changes in grade, incentive awards, and reduction in-force of the serviced activities' LN workforce will be administered in accordance with local labor laws and USAREUR regulations/directives that are applicable to the total LN workforce.

5. The following provisions are emphasized:

a. Reduction in Force: US employees of the serviced activity will be in separate competitive areas from USAREUR employees for reduction-in-force purposes. Serviced activity commanders will make final decisions and waivers of qualifications requirements in reduction-in-force placements.

b. Classification. The Commander, ERMCM will exercise his/her delegated authority to assign appropriate titles, classification series, and grades to U.S. positions. This authority will be redelegated to the commander of each military treatment facility (MTF) upon completion of required training. This authority may be redelegated to the Deputy Commander for Clinical Services, Deputy Commander for Army Health Clinics, Deputy Commander for Nursing and the Deputy Commander for Administration upon completion of training. Final position descriptions, including sufficient information to support the classification of the position, will be submitted to CPOC for a classification advisory to assist commanders in exercising their authority. Commander classification decisions that deviate from CPOC advice will be accompanied by a justification memorandum.

c. Overseas Extensions. Decisions to extend overseas tours beyond the normal five-years will be made by the ERMCM Commander or his representative. For the purpose of tour extension decisions, employees in occupational series considered by MEDCOM to be "hard to fill" may be extended based on an internal request by the manager/supervisor. For all other employees in occupational series that are not considered "hard-to-fill", ERMCM will abide by the goals and procedures of HQ USAREUR to manage the number of employees on tour agreement extensions. The "hard-to-fill" list will consist of the positions identified by MEDCOM at Appendix A.

d. Advance In-Hire Rates Based on Superior Qualifications and/or the Recruitment and Relocation Bonuses and Retention Allowances ("3 Rs"), and Physicians Comparability Allowances (PCA). Approval authority is delegated to the Commanding General, European Regional Medical Command, Heidelberg, Germany. This authority may be further delegated to major unit commanders. The serviced activity agrees to use the USAREUR paysetting policy as the basis for granting recruitment and relocation bonuses and retention allowances.

e. Living Quarters Allowance: The serviced activity agrees to apply the USAREUR LQA regulation, policy and procedures as the basis for granting living quarters allowance and hereby delegates approval authority for LQA to the USAREUR Assistant Deputy Chief of Staff, Personnel and Installation Management, Civilian Personnel.

f. Reports. The servicing activity CPACs and CPOC will provide copies of appropriate Department of Army or MEDCOM reports to the serviced activity, as required or requested.

g. Publication of Policies and Procedures. Local civilian personnel administration policies and procedures issued by the servicing activity will be applied within the serviced activity. Where such issuances conflict with, do not fulfill mandated directives or delegated authorities of the MEDCOM or would prompt conflict or significant inequities in local administration, subordinate activities will provide a full explanation of the circumstances to the Commander, ERMC, for discussion and resolution with the CHRMA Director.

h. Headquarters, MEDCOM Approval Authority. Requests for approval for personnel management and pay authorities retained by Headquarters, MEDCOM must be submitted by ERMC to the MEDCOM for appropriate approval.

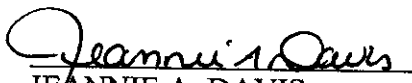
i. Automation Support: The Serviced Activity will provide automation support to assure required data base connectivity.


j. The Commander, USAMEDCOM will assure that all necessary directives and instructions of USAMEDCOM are furnished to CHRMA to include appropriate documentation setting forth the civilian manning level and fund citation(s) authorized for the serviced activity.

6. The service under this agreement will be provided on a non-reimbursable basis. The provisions of this agreement become effective upon signature of all parties concerned and remains in effect until canceled by either party with no less than 180 days advance notice. Either party may initiate re-negotiation discussions at any time s/he deems appropriate. The agreement will be reviewed at least every three years.

FOR USAREUR:

FOR USAMEDCOM:


JEANNIE A. DAVIS
Director, CHRMA


RICHARD L. URSONE
BG, USA
European Regional Medical Command

DATE: 25 JUN 2002

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Appendix A (MEDCOM Hard to Fill List) to Master Intraservice Support Agreement For
Civilian Personnel Services

MEDCOM HARD TO FILL LIST

GS-028	Environmental Protection Specialist GS-9
GS-180	Psychologist
GS-185	Social Worker
GS-503	Financial Management (UCA Technicians) (GS-9 and above)
GS-601	General Health Science
GS-602	Medical Officer
GS-603	Physician's Assistant
GS-610	Nurse
GS-630	Dietician
GS-631	Occupational Therapist
GS-633	Physical Therapist
GS-640	Industrial Hygienist Technicians
GS-640	Occupational Health Technician
GS-642	Nuclear Medical Technician
GS-644	Medical Technologist (whole career field)
GS-646	Histotechnologist
GS-647	Diagnostic Radiologic Technician
GS-648	Therapeutic Radiologic Technician
GS-649	Medical Instrument Technician
GS-651	Respiratory Therapist
GS-660	Pharmacist
GS-661	Pharmacy Technician
GS-662	Optometrist
GS-665	Speech Pathologist/Audiologist
GS-667	Orthotist and Prosthetist
GS-668	Podiatrist
GS-669	Medical Records Administrator (PAD) GS-9/11/12/13
GS-675	Medical Technicians (OA) (Medical Coders)
GS-680	Dental Officer
GS-681	Dental Assistant GS-4
GS-682	Dental Hygienist
GS-683	Dental Lab Tech
GS-690	Industrial Hygienist
GS-701	Veterinarian
GS-802	Biomedical Engineer
GS-819	Environmental Engineer GS-11
GS-856	Electronic Technician
GS-962	Health Benefits Advisor/Contact Representative
GS-1040	Translator GS 7/8
GS-1060	Forensic Photographer
GS-1301	Environmental Protection Specialist
GS-1311	Physical Science Technician
GS-1320	Chemist
GS-1350	Geologist
GS-1360	Health Physicist